



MASSACHUSETTS DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Massachusetts.

Massachusetts At-a-Glance:

- In 2007-2008, Massachusetts was one of the top ten states for rates in several drug-use categories: past-month illicit drug use among young adults age 18-25; past-month marijuana use among young adults age 18-25; illicit drug dependence among persons age 12 or older; and illicit drug dependence among young adults age 18-25.
Source: National Survey on Drug Use and Health 2007-2008
- Approximately 9 percent of Massachusetts residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Massachusetts exceeds the national average.
- Heroin is the most commonly cited drug among primary drug treatment admissions in Massachusetts.

Drug Use Trends in Massachusetts

Drug Use in Massachusetts: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.87 percent of Massachusetts residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.38 percent of Massachusetts residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health:
<http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 1,003 persons died in Massachusetts in 2007. This far exceeds the number of persons in Massachusetts who died from motor vehicle accidents (450) and firearms (235) in the same year. Massachusetts drug-induced deaths (15.6 per 100,000 population) exceeded the national rate (12.7 per 100,000).

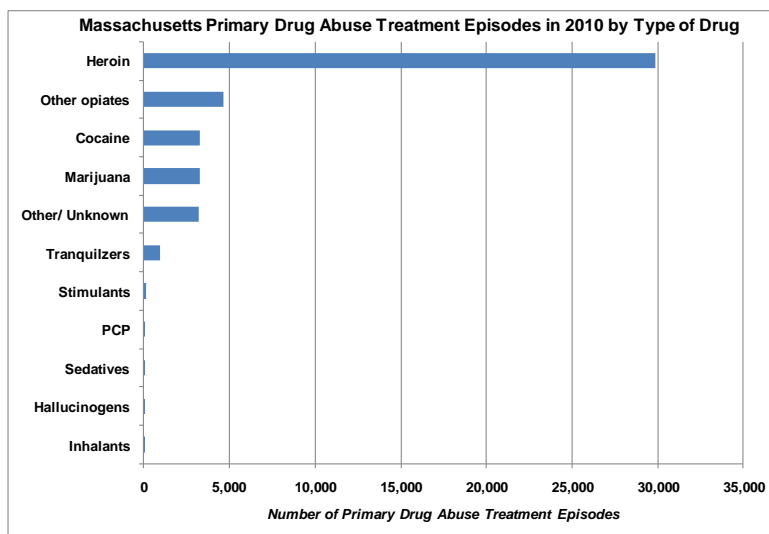
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007:
http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Massachusetts Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Massachusetts in 2010. The data show heroin is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, "**Epidemic: Responding to America's Prescription Drug Abuse Crisis,**" provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Massachusetts Prescription Monitoring Program** collects prescribing and dispensing information on Massachusetts Schedule II controlled substances dispensed pursuant to a prescription. Schedule II consists of those prescription pharmaceuticals with the highest potential for abuse and, consequently, are among those most sought for illicit and inappropriate (non-medical) use. The PMP utilizes the data collected to determine prescribing and dispensing trends; provide educational information to health care providers and the public; and provide case information to regulatory and law enforcement agencies concerning drug distribution and diversion. As of January 1, 2011, the regulatory amendments now require that all pharmacy providers report prescription records for Schedules II – V and collect and report customer ID information for Schedules II – V. Out-of-state pharmacies that deliver a prescription to a person in Massachusetts, in addition to MA pharmacies, must collect and report data as well. Reports must be made no less frequently than weekly.

Source: Massachusetts Office of Health and Human Service: <http://www.mass.gov/dph/dcp/onlinepmp>

State-Level Action: Drug Take-Back Programs

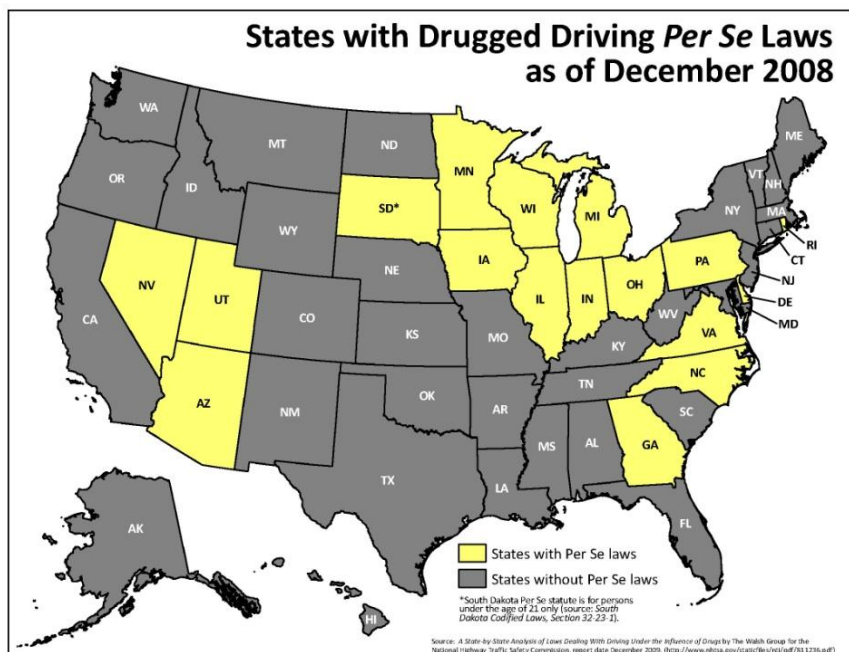
A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and

community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Massachusetts does not have a *Per Se* standard. However, Massachusetts General Laws Chapter 90 Section 24 states that whoever... “operates a motor vehicle, while under the influence of marijuana, narcotic drugs, depressants or stimulant substances, all as defined in section one of chapter 94C, or the vapors of glue shall be punished.” Required proof: Defendant was operating a motor vehicle in Massachusetts on a public way and while operating the vehicle, the defendant was under the influence of one of the above-mentioned substances. No possible defenses are found. Evidence of refusal is not admissible.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Massachusetts coalitions received grants from ONDCP:

- Alliance for Substance Abuse Prevention, Inc.
- Allston-Brighton Substance Abuse Task Force
- Arlington Youth Health & Safety Coalition
- Avon Coalition for Every Student
- B.O.L.D. Coalition of Greater Fall River
- Brookline Coalition Against Substance Abuse
- Chelsea Mobilizing for Change on Alcohol and Other Drugs
- Coalition for Teens (Greenfield)
- Communities That Care (Greenfield)
- Communities that Care Lynn
- Danvers Cares
- Dorchester Substance Abuse Coalition
- Everett Community Health Improvement Part. SA Coalition
- Falmouth Substance Abuse Commission
- Gardner Community Action Team
- Gill-Montague Community-School Partnership (GM CSP)
- Healthy Gloucester Collaborative
- Healthy Peabody Collaborative
- Holyoke Youth Task Force
- Impact Quincy
- Lowell Roundtable on Substance Abuse Prevention
- Mason Square Coalition
- Mayor's Task Force to Reduce Substance Abuse
- Medford Matters
- Melrose Substance Abuse Prevention Coalition
- Middleboro Youth Advocates
- Natick Together2
- Needham Youth Substance Abuse Prevention Coalition
- Northampton Prevention Coalition
- OASIS Coalition (Organizing Against Substance in Stoughton)
- Reading Coalition Against Substance Abuse (RCASA)
- South Boston Families Advocating Neighborhood Strength (FANS)
- Southern Berkshire Youth Coalition
- Strategic Planning Initiative for Families and Youth
- The Dukes County Health Council Youth Task Force (YTF)
- The Pittsfield Prevention Partnership (PPP) Community Coalition
- Wayland Substance Abuse Prevention Coalition
- Weymouth Youth Coalition

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

New England HIDTA

Massachusetts Counties: Essex, Hampden, Middlesex, Plymouth, Suffolk, and Worcester

- Massachusetts continues to benefit from the innovative and timely collocation of the HIDTA ISC and the Commonwealth of Massachusetts Fusion Center. The combined operation provides an enhanced and increased level of available information.
- Additionally, the New England HIDTA is developing a strategy and increasing law enforcement training opportunities to address the serious issue of Drugged Driving.

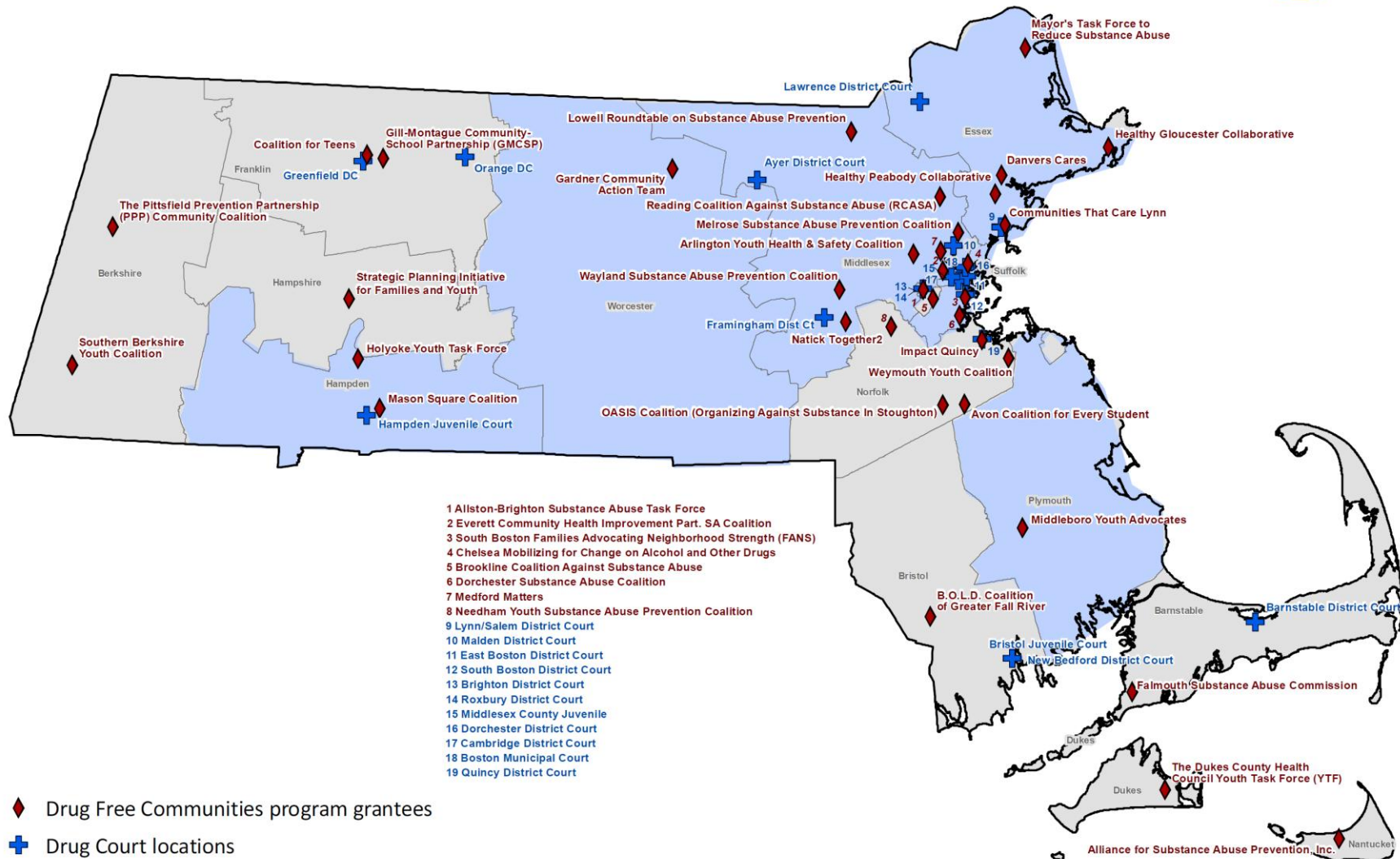
Federal Grant Awards Available to Reduce Drug Use in the State of Massachusetts

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		4,343,615
Alcohol Abuse Reduction Grants		1,665,493
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		321,224
Drug And Alcohol Prevention Models On College Campuses		110,000
Safe Schools/Healthy Students Grants		2,246,898
Department of Health and Human Services		
Administration for Children and Families		6,302,973
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		500,000
Mentoring Children of Prisoners		581,291
Promoting Safe and Stable Families		5,221,682
Centers for Disease Control and Prevention		2,238,082
HIV Prevention Activities_Non-Governmental Organization Based		2,238,082
Health Resources and Services Administration		2,874,995
Healthy Start Initiative		2,874,995
National Institutes of Health		97,477,414
Discovery and Applied Research for Technological Innovations to Improve Human Health		47,956,706
Drug Abuse and Addiction Research Programs		49,520,708
Substance Abuse and Mental Health Services Administration		81,551,842
Block Grants for Prevention and Treatment of Substance Abuse		34,451,972
Projects for Assistance in Transition from Homelessness (PATH)		1,707,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		42,040,870
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		9,498,872
Shelter Plus Care		9,498,872
Assistant Secretary for Housing--Federal Housing Commissioner		2,801,027
Shelter Plus Care		2,801,027
Department of Justice		
Office of Justice Programs		32,983,640
Congressionally Recommended Awards		2,580,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		415,405
Edward Byrne Memorial Justice Assistance Grant Program		13,109,337
Enforcing Underage Drinking Laws Program		356,400
Gang Resistance Education and Training		70,000
Harold Rogers Prescription Drug Monitoring Program		400,000
Juvenile Accountability Block Grants		872,800
Juvenile Mentoring Program		300,000
National Institute of Justice Research Evaluation and Development Project Grants		630,146
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		42,561
Regional Information Sharing Systems		4,867,198
Residential Substance Abuse Treatment for State Prisoners		1,189,705
Second Chance Act Prisoner Reentry Initiative		4,466,834
Tribal Youth Program		3,512,673
Youth Gang Prevention		170,581
Department of Labor		
Employment and Training Administration		500,000
Reintegration of Ex-Offenders		500,000
Executive Office of the President		
Substance Abuse and Mental Health Services Administration		4,488,884
Drug-Free Communities Support Program Grants		4,488,884
Grand Total		245,061,344

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011

Office of National Drug Control Policy Programs in Massachusetts and Drug Court Locations



Source: ONDCP and National Drug Court Institute, September 2011

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